

## MEDICINES CONTROL AGENCY

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, www.mca.gm

## APPLICATION FOR LICENSING OF STORAGE FACILITIES FOR MEDICINES AND RELATED PRODUCTS

New licence	Renewal	Licence N	0		
PARTICULARS OF APPLICANT					
	F APPLICAN I				
Name of Applicant					
N CF 114					
Name of Facility					
True of Facility	Private □	NCO 🗆	Carramanant		
Type of Facility	Private $\Box$	NGO □	Government $\square$		
Location (Physical					
Address)					
G + 1 D + 11					
Contact Details	Telephone No.				
	Email				
	Website				
Name of Business Owner					
N COCC : CI ('C I' 11)					
Name of Officer in Charge (if applicable)					
Name of Supervising Pharmacist (if applicable)					
Traine of Supervising	g i naimacist (ii	applicable)			
Registration No:					
FOR NEW LICEN	CES ONLY				
Date of Incorporation of Company					
Desired Best Australian and Land					
Business Registration number					

ITEMS TO BE STORED (Tick all as appropriate)					
For Human use For Veterinary us	se 🗌				
Medicines					
Allopathic Herbal Hon	neopathic Biological Biological				
Nutritional Supplement					
Other products					
Cosmetics					
Other [ (please specify)					
Attach the required documents					
DECLARATION					
I, the undersigned, hereby declare that all inform contained herein is correct and true.	nation Official Stamp				
Designation of Business Owner or Officer in Charge:					
Signature:					
Date:					